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BIBDATASHEET

CONFIRMATION NO. 8195

Bib Data Sheet

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER 09/100,100 | FILING DATE 06/19/1998 RULE | CLASS 705 | GROUP ART UNIT 3628 | ATTORNEY DOCKET NO. RLIS |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

APPLICANTS

JAMES E. ROSS JR., SAN ANTONIO, TX;

WILLIAM J. LYNCH, SAN ANTONIO, TX;

** CONTINUING DATA *****

This application is a DIV of 08/676,458 07/08/1996 PAT 5,823,948

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/09/1998

| | | | | | |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY TX | SHEETS DRAWING 7 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 4 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS

MARK JOY
LEYDIG, VOIT & MAYER, LTD
TWO PRUDENTIAL PLAZA
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CHICAGO, IL
60601-6780

TITLE

MEDICAL RECORDS, DOCUMENTATION, TRACKING AND ORIGIN ENTRY SYSTEM

| | | |
|-----------------------------------|---|---|
| FILING FEE RECEIVED 630 | FEES: Authority has been given in Power No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|-----------------------------------|---|---|

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|---------------|-------------|-------|----------------|---------------------|
| SERIAL NUMBER | FILING DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
| 09/100,100 | 06/19/98 | 600 | 3736 | RLIS |

APPLICANT

JAMES E. ROSS JR., SAN ANTONIO, TX; WILLIAM J. LYNCH, SAN ANTONIO, TX.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A DIV OF 08/676,458 07/08/96 USPAT 5,873,948

[Signature]

****371 (NAT'L STAGE) DATA*******

VERIFIED

[Signature]

****FOREIGN APPLICATIONS*******

VERIFIED

[Signature]

FOREIGN FILING LICENSE GRANTED 07/09/98

***** SMALL ENTITY *****

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|---|---|---------------------|-------------------|-----------------|-----------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and Acknowledged | Examiner's Initials <i>[Signature]</i> Initials | TX | 7 | 30 | 4 |

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TITLE

MEDICAL RECORDS, DOCUMENTATION, TRACKING AND ORDER ENTRY SYSTEM

| | | |
|------------------------|---|---|
| FILING FEE RECEIVED | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of ne) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____ |
| \$546 | | |